I beg the public health establishment to spend a little bit of time talking about Vitamin D. I beg the public health establishment to check for Vitamin D levels when people come in. I have found people with levels as low as 16 or 4. By taking Vitamin D supplements, it may save their life.

I point out to the medical establishment that when I talk to the American people back home and they wonder why this isn't being talked about, they believe it is because there is no money to be made in giving a supplement that can cost 12 or 13 bucks at Walgreens. And it is a sad state of affairs when the American public believes that is the reason they haven't been educated on this lifesaving supplement.

COMMEMORATING THE 30TH ANNIVERSARY OF THE 340B DISCOUNT DRUG PROGRAM

The SPEAKER pro tempore (Mrs. CHERFILUS-MCCORMICK). Under the Speaker's announced policy of January 4, 2021, the gentlewoman from Virginia (Ms. SPANBERGER) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Ms. SPANBERGER. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the subject of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Virginia?

There was no objection.

Ms. SPANBERGER. Madam Speaker, I rise today to speak about the 340B program. I rise today to commemorate the 30th anniversary of the 340B drug discount program, which has supported health providers in their mission to care for the most vulnerable and low-income patients in our communities, all at no additional cost to the taxpayer.

Tonight, the House will hear stories from both Democrats and Republicans about how 340B supports the healthcare safety net in districts across the country, including in Virginia's Seventh District.

In 1992, Congress started the 340B program with a simple goal. The 340B program has helped hospitals, community health centers, and Federal grantees stretch their scarce resources as far as possible, helping them reach more eligible patients and provide more comprehensive services.

The way it works is simple: 340B requires pharmaceutical companies to make drugs more affordable for healthcare providers serving vulnerable communities and low-income patients. By discounting the drugs, these providers can stretch their resources further and reach even more patients.

The 340B program is especially important for providers in rural America. In these areas, lower incomes lead to higher rates of uncompensated care and a disproportionate number of patients with Medicare and Medicaid. Hospitals struggle to maintain costly services such as maternity wards and trauma centers, and patients at federally qualified health centers lack the resources to access high-cost drugs for HIV/AIDS, hemophilia, or diabetes.

Unfortunately, since the summer of 2020, at least 16 pharmaceutical companies have announced or implemented restrictions on 340B pricing. Both the current Biden administration and the previous Trump administration have found these restrictions to be unlawful, yet HHS has taken no serious enforcement action to prevent or penalize these illegal actions.

Let me be very clear: Every time a pharmaceutical company withholds a 340B discount from an eligible pharmacy, that company is unlawfully overcharging the healthcare safety net and withholding resources from the most vulnerable patients in our communities. And, in response, we need to defend 340B.

I commend HHS for its commitment to protecting the integrity of the 340B program, but I urge the agency to penalize the companies that refuse to comply with Federal law. It is the right thing to do for the people we serve.

Madam Speaker, I yield to my colleague from Tennessee (Mr. ROSE).

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Mr. ROSE. Madam Speaker, I thank the gentlewoman from Virginia for yielding me time to speak on this very important and lifesaving program as we commemorate the 30th anniversary of the creation of the 340B program.

I applaud the gentlewoman from Virginia for her leadership on this issue and for organizing this opportunity for Members on both sides to speak about how important this issue is to each of our districts.

I also thank the other Members here tonight and those who routinely support the 340B program. More than 220 Members of the House recently joined a letter to Health and Human Services, urging the Department to crack down on drug companies denying 340B discounts. By having such a large group of Members in support of that letter, to which I proudly lent my name, we demonstrated the broad bipartisan support the 340B program enjoys across the entire country.

Madam Speaker, I include the text of that letter in the RECORD.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, February 26, 2021.

Acting Secretary COCHRAN,
Department of Health and Human Services, Washington, DC.

DEAR ACTING SECRETARY COCHRAN: We write today as leading congressional proponents of the 340B drug discount program to ask you to take immediate action to ensure that manufacturers are prohibited from imposing unilateral changes to the program in direct conflict with congressional intent and decades of written guidance.

We were pleased to see 28 attorneys general urge former HHS Secretary Azar to protect the 340B programs. We believe that letter and the Department's Office of General Counsel's advisory opinion, released on December 30 and described below, represent some of the most compelling legal arguments for the actions we ask you to take.

As you know, Congress enacted the 340B Drug Pricing Program in 1992 following the creation of the Medicaid Drug Rebate Program. In order for their drugs to be covered by Medicaid, manufacturers are required to offer discounts to certain public and nonprofit health care organizations known as covered entities, including Federally Qualified Health Centers, Ryan White HIV/AIDS Clinics, Medicare/Medicaid Disproportionate Share hospitals, rural hospitals, and children's hospitals. According to the legislative history, Congress's intent in creating the discount program was to ''stretch scarce federal resources to reach more eligible patients and provide more comprehensive services.''

The 340B statute requires drug manufacturers to ''offer each covered entity covered outpatient drugs for purchase at or below the applicable ceiling price.'' There are no provisions in the statute that allow manufacturers to set conditions or otherwise impede a provider's ability to access 340B discounts. The Health Resources and Services Administration (HRSA), which oversees the program, has indicated on multiple occasions, dating back to the early years of the program, that the 340B statute requires manufacturers to provide 340B discounts to covered entities when covered entities purchase drugs to be dispensed through contract pharmacies on a covered entity's behalf.

Beginning in the summer of 2020, several drug manufacturers began to announce a range of actions to avoid honoring 340B discounts for certain drugs, many with the highest prices, delivered to covered entities' contract pharmacies. Some manufacturers have announced they will no longer ship discounted drugs to contract pharmacies; others will ship to only one contract pharmacy per covered entity.

HHS has reviewed manufacturers' refusals to provide 340B discounts to covered entities' contract pharmacies and found them to be unlawful. In a December 30th 2020 advisory opinion, then-general counsel Robert Charrow wrote, ''[T]he core requirement of the 340B statute . . . is that manufacturers must ''offer'' covered outpatient drugs at or below the ceiling price for ''purchase by'' covered entities. This fundamental requirement is not qualified, restricted, or dependent on how the covered entity chooses to distribute the covered outpatient drugs.''

Unfortunately, publishing the advisory opinion has not deterred manufacturers from continuing with unlawful price hikes. Many covered entities are struggling with severe financial losses as a result of the COVID–19 pandemic. They cannot afford to be unfairly targeted by large pharmaceutical corporations or be forced to pay higher up-front costs for the drugs their patients need.

Furthermore, an information technology company has allied with manufacturers to change the 340B program from one of upfront discounts to post-sale rebates, a change that would greatly increase costs for covered entities and give manufacturers tremendous leverage over covered entities. Such action is inconsistent with HRSA's long-standing guidance that the 340B program is an up-front discount program.''

The December 14th letter from the attorneys general called on HHS to ''address drug manufacturers' unlawful refusal to provide critical drug discounts to covered entities.'' Consistent with that letter, we urge you to:

1. Begin assessing civil monetary penalties on manufacturers that deny 340B pricing to

covered entities in violation of their obligations under the 340B statute;

2. Require manufacturers to refund covered entities the discounts they have unlawfully withheld since 2020;

3. Halt, through guidance or other means, any attempt to unilaterally change 340B upfront discounts to post sale rebates; and

4. Immediately seat the Administrative Dispute Resolution Panel to begin processing disputes within the program.

As the attorneys general stated in their December 14th letter, ''Each day that drug manufacturers violate their statutory obligations, vulnerable patients and their health care centers are deprived of the essential healthcare resources Congress intended to provide.'' Thank you very much for your prompt consideration of these important matters.

Mr. ROSE. Madam Speaker, even though the 340B program has received such overwhelming support from Members of Congress, multiple administrations, hospitals, doctors, pharmacists, and patients, it still finds itself struggling to survive from relentless efforts to undermine its existence by some pharmaceutical companies refusing to abide by the law. HHS must take immediate enforcement action against all of these noncompliant drug companies.

As many of us here tonight understand, the 340B program is an important avenue for offering lower drug prices for our most vulnerable citizens. It is often a lifeline of financial support for the small, rural hospitals in middle Tennessee and across the country. These very same hospitals are often the only source of care for communities in expansive geographic areas.

I have no other word to describe it other than ''unconscionable'' that companies founded to help sick patients by providing lifesaving medication deliberately undermine a law to increase affordable access to their lifesaving medications. It is truly disgraceful.

Tonight, we are going to hear more about this malpractice. I hope by highlighting this issue here on the floor of the U.S. House of Representatives, we will encourage other Members of the House and the Senate to take immediate and decisive action to protect the 340B program.

Ms. SPANBERGER. Madam Speaker, I thank the gentleman from Tennessee for his comments. Certainly, his comments focus so much on the importance of the 340B program. We know that rural hospitals are the lifeblood of their communities. They often serve as the largest employer in a town and a way to keep and attract young people to that community.

Rural hospitals are already in crisis, and since 2005, more than 180 rural hospitals have closed their doors. One reason why that number is not higher is the 340B program.

Savings from 340B discounts and community pharmacies are half of all the savings for rural hospitals. If these losses are allowed to stand and grow bigger, we will face a real crisis across rural America.

Recent actions by the pharmaceutical companies threaten the ability of rural hospitals to stay open, costing them, on average, $229,000.

Madam Speaker, I yield to the gentleman from Arizona (Mr. O'HALLERAN).

Mr. O'HALLERAN. Madam Speaker, I thank Congresswoman SPANBERGER, along with the gentleman from Pennsylvania, for organizing this Special Order hour on the importance of rural health outcomes and the programs that support them.

Together, our bipartisan group rises today to speak in support of the 340B drug discount pricing program. The 340B program enables community health centers to purchase outpatient drugs at reduced prices, allowing them to ensure that low-income patients have access to affordable prescription drugs, along with rural hospitals.

The dollars this program saves must also be reinvested directly into the health centers themselves, creating an influx of much-needed funding that our rural-serving institutions so often lack—way too often lack.

There are eight different 340B hospitals in Arizona's First Congressional District, more than any other district in our State. In 2018, studies found that 340B program hospitals accounted for 84 percent of all hospital care provided to Medicaid patients in Arizona.

From Casa Grande all the way up to Page, these hospitals need our help now. That is because, currently, several drug manufacturers are unlawfully withholding or limiting discounts from 340B-covered entities—I personally do not understand this at all—including safety-net hospitals and community health centers.

Anybody that lives in rural Arizona knows the critical need for hospitals and community healthcare centers and that they are suffering.

Today, I am standing with my colleagues on both sides of the aisle to support this program and in support of the PROTECT 340B Act. Our legislation would prohibit pharmaceutical entities from discriminatory practices against 340B healthcare centers and hospitals.

Last year, we sent a letter demanding HHS take immediate action against manufacturers that refuse to comply with their obligation—I repeat, ''their obligation''—to provide CHCs and rural hospital providers with discounted drugs and require manufacturers to refund the providers for months of unlawful overcharges. Today, we are speaking in support of these asks yet again.

In my district, the families that receive care at Banner Casa Grande Medical Center, Cobre Valley Medical Center, Flagstaff Medical Center, Little Colorado Medical Center, Mt. Graham Regional Medical Center, Page Hospital, Summit Healthcare Regional Medical Hospital, and White Mountain Regional Hospital are counting on us to get this done.

CMS should understand that this is required to get done. I am confident we can if we work together.

Ms. SPANBERGER. Madam Speaker, I thank my colleague from Arizona for speaking about this important program and the value that it has across his district.

I am now grateful for the opportunity to yield to my colleague from Pennsylvania.

Mr. THOMPSON of Pennsylvania. Madam Speaker, first of all, I thank my colleague from Virginia for hosting and coordinating this time tonight on an incredibly important issue for rural America.

Madam Speaker, this year marks the 30th anniversary of the 340B Federal drug pricing program. I am very familiar with this program, having worked for 28 years in rural hospitals where this 340B program was incredibly important for consumers, for patients, to be able to get access to the medications that they require but also equally important as a lifeline for our rural hospitals.

Rural hospitals today, in my experience, having worked within these facilities for almost three decades, most hospitals are lucky to break even, especially rural hospitals. It is very challenging financially, but we know how important they are.

We know that these tend to be the economic engines within our rural communities. These are the source of great jobs. This is access to quality healthcare. When these rural hospitals close, the economic impacts, the healthcare impacts, the health impacts are significant and negative for those communities.

I can't tell you how many times, Madam Speaker, I have seen the 340B program be the difference between a red, losing year, where you bleed money, you lose money—and you can do that for only so long until a hospital has to shutter its doors and lay people off—and perhaps breaking even or even just a slight margin.

In rural healthcare, a rural hospital, a 1 to 2 percent margin is a banner year. It is a great year. That is hardly enough to invest in modern, lifesaving technology or to invest in your staff to recruit and retain those qualified providers that are the key part of all healthcare. It really comes down to the providers, having those folks and retaining them.

The 340B program, I can tell you in all the decades of my healthcare experience where I have seen it, has made the difference of having a margin to be able to keep the lights on; to be able to invest in lifesaving advances, technology, equipment; and, quite frankly, retain and recruit the best and the brightest.

This was enacted in 1992, originally. The 340B drug pricing program requires pharmaceutical companies to provide certain healthcare organizations, like federally qualified health centers and rural hospitals, discounts on their drugs in exchange for having their drugs covered by Medicaid.

The program was created with a purpose to ''stretch scarce Federal resources to reach more eligible patients and provide more comprehensive services''—a worthy cause, a worthy mission.

As the Member representing Pennsylvania's 15th Congressional District—it includes 14 counties, nearly 25 percent of the land mass of the Commonwealth—I am a strong advocate for the 340B program as it is a lifeline to many of my constituents. As I said before, I have worked within those systems. I have seen it firsthand.

Sadly, the 340B program is under attack. Some drug manufacturers have stopped honoring the 340B discounts. In other words, if a health center receives 340B savings, it is usually unable to keep them because third parties have found creative ways to pick the 340B savings out of the center's pockets. This is simply unacceptable and hurts those who truly need these medications.

For these reasons, I am proud to be a cosponsor of H.R. 4390, the PROTECT 340B Act, which prohibits these types of practices and ensures 340B savings remain where Congress meant them to go: with the safety-net providers and the medically underserved patients that they care for.

Madam Speaker, I am going to continue to support policies that strengthen the 340B program. I am going to work to ensure any developments that threaten the ability of safety-net providers to provide critical health services, including the many in my congressional district, are stopped in their tracks.

I really very much appreciate the gentlewoman from Virginia for her leadership on this and all of my colleagues who have come together tonight to defend a program that is about access for healthcare consumers and access to healthcare in rural America.

Ms. SPANBERGER. Madam Speaker, I thank my colleague from Pennsylvania for his comments. They are so important because he was talking about the impact that we see when pharmaceutical companies do not abide by the 340B program.

We know that hospitals that serve more urban areas report that, on average, they have lost nearly a quarter of the 340B resources they receive through partnerships with community pharmacies. That is a median loss of $1 million.

For critical access hospitals that are the only source of hospital care for their remote, rural communities, this loss is nearly 40 percent, and the median loss is $220,000.

These losses of millions of dollars are harmful to hospitals with razor-thin operating margins, especially the more than half that operate in the red even with 340B support, echoing and illustrating the point made by my colleague from Pennsylvania.

To be clear, these losses are going to drug companies that continue to report excellent results to their shareholders, many of whom report double-digit profit margins. We know that that impacts hospitals across our communities and their ability to serve patients and provide care.

I am now pleased to yield time to the gentleman from New Hampshire (Mr. PAPPAS).

Mr. PAPPAS. Madam Speaker, I thank the Representative for her leadership in organizing this bipartisan Special Order hour.

It is important for us to be together here to commemorate the 30th anniversary of the 340B program. We know that it has helped to ensure that rural communities and low-income individuals in districts like mine and across the country have access to the lifesaving healthcare and prescription drugs that they need.

I am also here in strong opposition to what these drug companies are doing. They are undermining the 340B discounts. I believe it is a violation of the law, and it is hurting families in my district.

There are at least 13 pharmaceutical companies right now that are unlawfully withholding or limiting discounts under the 340B program, and it impacts providers and patients in New Hampshire, including our hospitals, our community health centers, and other providers who serve our most vulnerable neighbors.

I have heard about this from my constituents who have talked about the importance of this program, and I think their words tell a pretty powerful story.

In Rockingham County in my district, one of my constituents requires daily medication. Without 340B, not only would she not be able to afford her medication, but she would also be forced to choose between affording her home or affording her own health.

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In Strafford County, in my district, there is another New Hampshire resident who uses the 340B program for insulin for their diabetes. They pay just $45 a month for three vials of insulin instead of $400 a month for just one vial. According to them, ''Everything would get turned upside down for me if the program ended.''

And because of the 340B program, staff at a community health center in my district have been able to reduce the cost of treatments significantly. Specifically, for one patient who has lived with a condition since they were 12 years old, costs were reduced from $400 to just about $100. They shared this with me: ''I can't imagine what I would do if it weren't for the 340B program helping with the price of my medication. Please do everything you can to protect this.''

Last year, I signed a letter with over 220 House Members to protect the 340B program and oppose the actions of these drug companies. We called on HHS to take action to stop these companies from denying these 340B discounts.

In February, I was very proud to join so many of my colleagues in cosponsoring the PROTECT 340B Act. This would stop health insurers and pharmacy benefit managers from discriminating against 340B providers, and it would protect the health and well-being of my constituents and so many others across this country that depend on this program.

At a time when pharmaceutical companies are reaping record profits, when the cost of prescription drugs continues to skyrocket, it is just unconscionable that there are corporate actors who continue to ignore the law and stick it to our consumers, our constituents, the patients across this country and hand them an astronomical bill.

We have all got to join together and commit ourselves to fighting to lower the cost of prescription drugs. This is one area where I think Republicans and Democrats can come together and pass something meaningful. I hope our colleagues will heed the stories they have heard here tonight. I thank Representative SPANBERGER for her leadership.

Ms. SPANBERGER. Madam Speaker, I thank Mr. PAPPAS for sharing the stories that he is hearing directly from his district.

When I asked pharmacists about how this program works in practice, we were overwhelmed with responses related to how patients have been able to access care through the 340B program. I will just give one example as follow-up to Mr. PAPPAS' comments.

We had a pharmacist say, ''I have countless numbers of patients who are now able to get their insulin and control their diabetes because of the 340B program.'' When their local pharmacy prices put their insulin costs into the range of hundreds of dollars each month, this pharmacist, because of the 340B program, is able to meet the needs of these community members with diabetes who otherwise would not be able to afford their lifesaving medication.

We have story after story from pharmacists who recognize the value of this program and depend on it in order to serve patients throughout Virginia, New Hampshire, and throughout the country.

Madam Speaker, I yield to the gentleman from Illinois (Mr. DANNY K. DAVIS).

Mr. DANNY K. DAVIS of Illinois. Madam Speaker, I commend and thank my colleague from Virginia for organizing this Special Order.

I am pleased to join with all of my colleagues who have spoken strongly in favor of revitalizing, reenergizing, making sure that the 340B program is implemented in a very serious way.

I welcomed a young intern to my office this afternoon, and he was coming from Tufts University. I shared with him the fact that it was Tufts University in Mound Bayou, Mississippi, that started the first of the federally qualified health centers and that he was in

a good place. I worked with 2 of them personally, and there were only 10 in the country at the time. Now, of course, we have more than 2,000, and they are practically in every State, every community, wherever you are.

I represent a large, urban, low-income community with 23 hospitals, many of which are safety net. I think I may have more hospitals than any single area. A discount for the individuals who use these institutions will be more than helpful to them, so I urge that we continue the program, but I really urge that we enforce and make sure that they do what they were designed to do.

Ms. SPANBERGER. Madam Speaker, I thank Mr. DAVIS for his comments and certainly for bringing up the important role that federally qualified health centers raise in providing care. We know that they stretch their scarce resources. In fact, one of the federally qualified health centers in my district in Louisa County has shared with us some stories about the impact of this program.

Louisa County is one of the most rural counties in my district, and the Louisa County Health and Wellness Center is a federally qualified health center, and it is an invaluable resource for Louisa County and our local community.

Discounts through the 340B program allows the Central Virginia Health Services and the Louisa County Health and Wellness Center to offset the costs of providing nonprofitable services, such as dental and behavioral health. The savings from 340B allows Central Virginia Health Services to have a strong clinical pharmacy team that provides extensive support with Medicare annual wellness visits, medication compliance with complex patients, managing its hepatitis C program, and overseeing diabetic initiatives. Most importantly, the 340B savings allows Central Virginia Health Services and other federally qualified health centers to offer substantial sliding fee discounts to patients regardless of whether or not they have insurance.

The Federal grant only covers about 40 percent of the cost of treating a patient, and the rest comes from 340B savings. So let me be clear on that: It is the savings that federally qualified health centers receive because they are able to participate in this program. Because the drugs that they are prescribing and giving to their patients cost less, those savings they are able to invest elsewhere. In the case of Louisa County, they are putting those dollars into dental and behavioral health.

The intent of the 340B program for the past 30 years has been to help stretch Federal resources for the benefit of the taxpayer, and this is a great example of exactly how that is happening back home in Virginia's Seventh District.

Madam Speaker, I yield to the gentleman from Illinois (Mr. GARCÍA) to speak on this important program.

Mr. GARCÍA of Illinois. Madam Speaker, I thank Representative SPANBERGER for organizing this Special Order.

I, like the previous speakers, rise in support of the 340B drug pricing program. This little-known program represents only about 3 percent of the total drug sales in our country, but it is one of the most far-reaching health programs, especially for folks in my district.

Let me share a story of an elderly patient at Erie Family Health Centers, which is based in my district. She had no insurance and struggled to afford her diabetes medication. Sadly, this is far too common in my district. The price jumped to $200, and she could not access her pharmacy during the COVID–19 crisis. But thanks to the 340B program, this patient now pays $9 for her medication, and it is delivered for free, straight to her home.

This patient is not alone. Many Erie patients would not be able to obtain their insulin without the 340B discount. Unfortunately, this program is currently under assault on several fronts. We have to stand up. And we must protect it.

Community health centers are under tremendous pressure to keep their doors open while caring for the most impacted. The timing could not be worse for pharmaceutical manufacturers to undermine such a critical program. The 340B program provides lifesaving medication for nearly 1.5 million patients of Illinois community health centers as well as housing, transportation, care management, and more.

We must defend this crucial program. It is literally a lifeline for communities like mine.

Ms. SPANBERGER. Madam Speaker, I thank my colleague from Illinois for providing such an important story, illustrating the value of the 340B program in Illinois, and those stories exist across the country.

I now yield to the gentleman from Tennessee (Mr. ROSE), as we continue our discussion about the value of this program.

Mr. ROSE. Madam Speaker, I want to talk a little more about the importance of H.R. 4390, the PROTECT 340B Act of 2021, which was introduced by the gentleman from West Virginia (Mr. MCKINLEY), my friend, and is co-led by the gentlewoman from Virginia (Ms. SPANBERGER), the lead organizer of this Special Order.

Passage of the PROTECT 340B Act of 2021 is essential in order to push back against recent attacks on the 340B program.

This bill would prohibit pharmacy benefit managers, otherwise known as PBMs, from discriminating against 340B providers or their contract pharmacies.

The PROTECT 340B Act is supported by America's Essential Hospitals, 340B Health, National Association of Community Health Centers, and Ryan White Clinics for 340B Access. To ensure PBMs are held accountable, it allows the HHS Secretary to impose civil monetary penalties.

This is the definition of a good bill. It has broad, bipartisan support in the House as well as among outside groups, and it even has an enforcement mechanism that hits the bad actors where it hurts them most—their pocketbooks.

Ms. SPANBERGER. Madam Speaker, I thank my colleague from Tennessee. I appreciate his talking about the PROTECT 340B program. I was so proud to lead this effort. And certainly, as we have heard today, Congress' intention for the 340B program is to support safety net providers and their ability to stretch their scarce resources and provide more comprehensive services to vulnerable patients.

Congress certainly did not intend for the 340B program and those discounts to subsidize the profits of Fortune 100 pharmacy benefit managers, and I thank Mr. ROSE for recognizing that.

I was proud to work with my colleagues across the aisle to introduce PROTECT 340B to stop PBMs from, frankly, pickpocketing 340B discounts so that we can ensure the benefits of 340B reach the community health centers, the HIV/AIDS clinics, and the rural hospitals that Congress intended to support.

I thank the gentleman from West Virginia (Mr. MCKINLEY), who has been an absolute champion of this issue. I have been so grateful to work with him and his team every step along the way. His commitment to West Virginia, the safety net hospitals, the rural hospitals, and the communities that rely on 340B is apparent through his dedication to this.

Our bill is in response to the stories that we have heard from pharmacists across our districts. PBMs have established two tiers of payment for pharmacy-dispersed drugs, one for chain and retail pharmacies unassociated with 340B providers, and another significantly lower rate for 340B pharmacies.

Years of market consolidation have given the three leading PBMs incredible market power, and they can effectively dictate terms to smaller 340B pharmacies. What that means is PBMs are essentially pickpocketing 340B savings from safety net providers. Instead of helping the healthcare safety net reach more patients, the 340B savings are subsidizing the profits of some of the largest, most profitable companies in America, and that means that those safety net hospitals, those rural hospitals, those federally qualified health centers are not able to put those savings toward care to patients.

Our PROTECT 340B Act would hold PBMs accountable and prevent them from applying these predatory business practices to the local health centers, the rural hospitals, and other Federal grantees. It would also create a national clearinghouse to track 340B discounts and make sure 340B drugs are not included in States' Medicaid rebate requests. Together, these changes

would restore the integrity of the program and protect the healthcare safety net so many of our constituents rely on.

I am proud that for over the past 2 years many States, including Virginia, have passed laws to protect the healthcare safety net from these predatory business practices, but it is not enough. A Federal standard is necessary to ensure consistent and broad protections for healthcare providers and, importantly, to actually ensure that we are enforcing the law, and we are seeing momentum toward that moment. Currently, our bill has more than 90 cosponsors, and I welcome the rest of our colleagues to join our effort. Certainly, from tonight, people should be able to see this is an issue that many people from across the country and across the aisle certainly can get behind, and I urge my colleagues to consider joining us in this legislation.

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Madam Speaker, I am happy to yield time back to the gentleman from Tennessee (Mr. ROSE) to continue this conversation and education about the value of the 340B program.

Mr. ROSE. Madam Speaker, again, I thank the gentlewoman from Virginia for yielding, and I join her in calling on our colleagues to join us in this effort to preserve and protect the 340B program.

I will share a success story that highlights how Members worked in a bipartisan way to solve a major issue within the 340B program.

Because of the COVID–19 pandemic, some hospitals lost their 340B eligibility due to the influx of COVID–19 patients that overwhelmed some hospitals and diminished their ability to meet the requirements of the 340B program. Two of those hospitals were in my district in rural Tennessee. However, the gentlewoman from California, Representative MATSUI, introduced H.R. 3203, which was designed to restore eligibility to hospitals that lost their 340B status due to the pandemic. I was proud to lend my name as a cosponsor to this bipartisan bill.

I am happy to report that because of this bipartisan support and the leadership of Members like Representative MATSUI, this issue was fixed in section 121 of the Consolidated Appropriations Act of 2022. Because of this bipartisan effort, I am pleased to report back that both hospitals in my district in Tennessee have since regained that 340B eligibility.

Madam Speaker, I hope this story shows that Members are capable of protecting and strengthening the 340B program in a bipartisan way.

Ms. SPANBERGER. Madam Speaker, I thank and appreciate the gentleman.

Madam Speaker, we have been joining together to recognize the importance of this program, ensuring that it is there to serve our communities. And I will give an example.

Virginia Commonwealth University, or VCU, is the largest safety net hospital in Virginia, and it serves the greatest number of uninsured and Medicaid patients in our Commonwealth.

Nearly three-quarters of VCU's payor mix is public or uninsured. I am proud that VCU has been a good steward of the discounts it receives through the 340B program, consistent with Congressional intent that the 340B program be used to ensure these discounts can stretch Federal resources.

The 340B program supports VCU's health systems' commitment to serving all members of the community, regardless of their ability to pay. And in 2020 alone, the program's savings helped VCU Health provide nearly 2,100 patients with $27,300 discounted or free medications and over $64 million in uncompensated care in fiscal year 2021.

I am going to repeat that. The program savings, the savings that VCU was able to get through the 340B program, allowed them to provide $64 million in uncompensated care.

VCU has used its 340B discounts to stretch its resources and expand patients' access to care. For example, in just one year, one patient visited VCU's Emergency Department nearly 50 times. He was homeless, and he had multiple chronic conditions; so the emergency department referred him to VCU's Health Complex Care Clinic. There, thanks to 340B discounts, the patient received significantly discounted medications from the hospital pharmacy. Meanwhile, the clinic staff helped the patient find transitional housing and apply for Medicaid coverage.

Over the next 3 years, the patient only had four emergency department visits. In 1 year, this man visited the emergency room 50 times because it was how he was able to get the healthcare that he needed. But thanks to the 340B program and how well it is utilized by hospitals like VCU and hospitals across the country, this man was able to get the medicine he needed through this program at a discounted rate. And the hospital was able to invest its resources in providing care and ensuring that this gentleman could get the medication he needed for his chronic illness and also find his way into transitional housing, apply for Medicaid coverage, and over 3 years, he had four emergency department visits.

That is investing in the community, in better health outcomes, and this is exactly why this program was created. The discounts available through 340B helped providers like VCU meet the needs of their patients and certainly uphold the intent of 340B and the program as it was created 30 years ago.

Madam Speaker, I yield to the gentleman from Tennessee (Mr. ROSE), my colleague.

Mr. ROSE. Madam Speaker, again, I thank the gentlewoman from Virginia (Ms. SPANBERGER). She has done a commendable job putting tonight's Special Order together, gathering support from both sides of the aisle to come speak here tonight about the 340B program, and being one of the Members leading the fight to protect the lifesaving 340B program.

Madam Speaker, by their presence on the House floor tonight and the persuasive and powerful words they have spoken, these Members have sent the unmistakable signal that we are all resolutely prepared to fight on behalf of our constituents who benefit from the 340B program, even if it ruffles some powerful feathers.

If Big Pharma would just play by the rules and abide by the law, I am sure we wouldn't be in the position we are today. However, the big pharmaceutical companies aren't playing by the rules, and they are showing no signs that they have an interest in doing so.

All we are asking is that they, too, are held accountable to the law. That is it. Nothing more, nothing less. In the meantime, we will continue to push back on their brazen attempts to undermine the law because I know we are on the right side of this fight.

I encourage all Members to reach out to the Federally qualified health centers, the Ryan White Clinics, Medicare/Medicaid Disproportionate Share hospitals, rural hospitals, and children's hospitals in your districts that are 340B participants. You will find that the 340B program has an enormous impact on communities all across this country.

Lastly, I reiterate my support for H.R. 4390, the Protect 340B Act, and I sincerely beseech House leadership to bring the bill to the floor for a vote.

Ms. SPANBERGER. Madam Speaker, I thank Mr. ROSE and his commitment to this issue, and I thank him for joining me in this Special Order hour. It has really been a wonderful experience to hear from our colleagues from across the country and across the aisle talk about the value of this program.

Certainly, we heard Mr. THOMPSON of Pennsylvania talk about the impact that the 340B program has on hospitals; their ability to operate, their ability to provide their service, and their ability to be there for their patients, the importance that this program has to the operation of our healthcare system here in the United States.

We heard from Mr. PAPPAS of New Hampshire, stories of particular people's experience, that thanks to the 340B program, patients with a need in communities wanting to serve their constituents have been able to ensure that people who need medication can get it through the 340B program.

Mr. O'HALLERAN of Arizona highlighted the value of this program in rural communities across the United States. And Mr. DAVIS of Illinois talked about the creation of Federally qualified health centers and how vital the 340B program is to their ability to serve their patients, their communities, and our communities.

Mr. GARCÍA of Illinois told a really specific story about the impact of 340B on a patient with diabetes and what he

is hearing directly from constituents. And certainly, Mr. ROSE, in our comments back and forth, my colleague and I have talked about the value of this program, the intent of this program, and our efforts to ensure that pharmaceutical companies and pharmacy benefit managers are not breaking the law and are not raiding the coffers of the 340B discount program.

Madam Speaker, I close out tonight by just thanking all of the Members who came to the floor, all of the Members who support legislation to support this vital program, and all of the Members who recognize the value of the 340B program within their district. Again, I give a very special thanks to my friend from Tennessee that helped manage the floor during this Special Order hour.

Since it came into being nearly 30 years ago, 340B has enabled a strong healthcare safety net that has served thousands of communities and millions of patients. It has been a lifeline for hospitals, health centers, and clinics that serve patients with low incomes, especially those who are uninsured or on Medicaid and those in rural areas. It has done so with strong bipartisan support and without costing any taxpayer dollars. Again, these savings allow our communities' hospitals to stretch those Federal dollars, to save those Federal dollars. This program does not cost a single taxpayer dollar.

The 340B Drug Pricing Program is a success story for patient access to care. We should celebrate it. We should protect it. We should defend 340B.

Madam Speaker, I yield back the remainder of my time.

ENROLLED BILLS SIGNED

Kevin F. McCumber, Deputy Clerk of the House, reported and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker pro tempore, Mr. BROWN of Maryland, on Friday, June 3, 2022:

H.R. 1298. An act to designate the facility of the United States Postal Service located at 1233 North Cedar Street in Owasso, Oklahoma, as the ''Technical Sergeant Marshal Roberts Post Office Bulding''.

H.R. 3579. An act to designate the facility of the United States Postal Service located at 200 East Main Street in Maroa, Illinois, as the ''Jeremy L. Ridlen Post Office''.

H.R. 3613. An act to designate the facility of the United States Postal Service located at 202 Trumbull Street in Saint Clair, Michigan, as the ''Corporal Jeffrey Robert Standfest Post Office Building''.

H.R. 4168. An act to designate the facility of the United States Postal Service located at 6223 Maple Street, in Omaha, Nebraska, as the ''Petty Officer 1st Class Charles Jackson French Post Office''.

Cheryl L. Johnson, Clerk of the House, further reported and found truly an enrolled bill of the House of the following title, which was thereupon signed by the Speaker on Tuesday, June 7, 2022.

H.R. 3525. An act to establish the Commission to Study the Potential Creation of a National Museum of Asian Pacific American History and Culture, and for other purposes.

ADJOURNMENT

The SPEAKER pro tempore. Pursuant to section 11(b) of House Resolution 188, the House stands adjourned until 10 a.m. tomorrow for morning-hour debate and noon for legislative business.

Thereupon (at 8 o'clock and 26 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, June 8, 2022, at 10 a.m. for morning-hour debate.

BUDGETARY EFFECTS OF PAYGO LEGISLATION

Pursuant to the Statutory Pay-As-You-Go Act of 2010 (PAYGO), Mr. YARMUTH hereby submits, prior to the vote on passage, for printing in the CONGRESSIONAL RECORD, that H.R. 6087, the Improving Access to Workers' Compensation for Injured Federal Workers Act of 2022, as amended, would have no significant effect on the deficit, and therefore, the budgetary effects of such bill are estimated as zero.

Pursuant to the Statutory Pay-As-You-Go Act of 2010 (PAYGO), Mr. YALMUTH hereby submits, prior to the vote on passage, the attached estimate of the costs of H.R. 7667, the Food and Drug Amendments of 2022, as amended, for printing in the CONGRESSIONAL RECORD.

ESTIMATE OF PAY-AS-YOU-GO EFFECTS FOR H.R. 7667

	By fiscal year, in millions of dollars—												
	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2022–2027	2022–2032
Statutory Pay-As-You-Go Impact	0	−13	−39	402	−56	−59	−65	−60	−65	−67	−70	235	−92

Components may not sum to totals because of rounding

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

EC–4295. A letter from the General Counsel, Farm Credit Administration, transmitting the Administration's final rule — Implementation of the Current Expected Credit Losses Methodology for Allowances, Related Adjustments to the Tier 1/Tier 2 Capital Rule, and Conforming Amendments (RIN: 3052-AD36) received May 10, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

EC–4296. A letter from the Senior Congressional Liaison, Bureau of Consumer Financial Protection, transmitting the Bureau's interpretive rule — Authority of States to Enforce the Consumer Financial Protection Act of 2010 received May 24, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

EC–4297. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Pyridate; Pesticide Tolerances [EPA-HQ-OPP-2021-0339; FRL-9298-02-OCSPP] received May 24, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC–4298. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; ID; Incorporation by Reference Updates [EPA-R10-OAR-2021-0950; FRL-9395-02-R10] received May 24, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC–4299. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's withdrawal of direct final rule — Delegation of New Source Performance Standards and National Emission Standards for Hazardous Air Pollutants for the States of Arizona and California [EPA-R09-OAR-2021-0962; FRL-9400-03-R9] received May 24, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC–4300. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Missouri; Control of Volatile Organic Compound Emissions From Reactor Processes and Distillation Operations Processes in the Synthetic Organic Chemical Manufacturing Industry [EPA-R07-OAR-2022-0236; FRL-9605-02-R7] received May 24, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC–4301. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Missouri; Restriction of Emissions Credit for Reduced Pollutant Concentrations from the Use of Dispersion Techniques [EPA-R07-OAR-2022-0285; FRL-9645-02-R7] received May